

FILED FEB 28 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 1456  
416Registration District No. 399Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
General Hospital #2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9-6-40-1-8-41  
 (Specify whether  
 In this community 3 years  
 years, months or days)

3. (a) PRINT FULL NAME Mayme Moore

3. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years

7. Birth date of deceased 6 8 1909  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
31 7 0 hr. min.

9. Birthplace Kansas City Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

## 11. Industry or business

MOTHER FATHER  
 { 12. Name Will Moore  
 13. Birthplace La.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Edith Perseley  
 15. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk  
 (b) Address General Hospital #2

17. (a) Burial (b) Date thereof 1-28-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deeds

18. (a) Signature of funeral director Wm A. Schumacher  
 (b) Address 11 E. Main Street

19. (a) Jan 28, 1941 (b) M. M. Brown  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1315 E. 19th St. Base.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8  
 year 41 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from  
9-6-, 1940, to 1-8-, 1941,  
 that I last saw her alive on 1-8-, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Cervix

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury D

23. Signature W. A. Schumacher (M. D. or other)  
 Address Gen. Hosp #2 Date signed 1-9-41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**